

<b>Report Title:</b> Monthly Expiring Non-CHIPS Kinship Homes
<b>New Report:</b> PM04a08
<b>Topic:</b> Licensing Home Providers: PM04a
<b>Report Content:</b> Kinship Care cases must be reassessed annually. This report will provide a list of non-CHIPS kinship providers due for assessment. The report will include the provider name, address, phone number, names of the children placed with the provider, and the date that the home was last assessed.
<b>Dependencies:</b> Run report after monthly check run for kinship care. We only want to pick up cases where a payment was made.
<b>Frequency:</b> Monthly
<p><b>Runtime Parameters:</b> County or All Counties; Month/Year.</p> <p>Note: Kinship care is paid in advance. For example, a March 1<sup>st</sup> through March 31<sup>st</sup> placement generates a check at the beginning of March. We call this a March check, and the report identifies such cases as March cases.</p>
<p><b>Selection Criteria:</b> Kinship providers a) who have an active Kinship Care – Non-CHIPS service; b) who received payment in the month just run for a child placed under a Kinship Care – Non CHIPS service type; c) whose last reassessment date (from a new Provider Note type of ‘Kinship Reassessment’) was more than 290 days (9 months) prior to the report run date. If there is no Kinship Reassessment Provider Note, the date the Provider was Approved or screened into WiSACWIS, should be used.</p> <p>As an example of data to be included: after kinship checks run at the beginning of July, a report drawn July 5<sup>th</sup> will pick up providers who were approved or last assessed prior to September 14, 2000 (July 1<sup>st</sup> - 290 days).</p> <p>The report should capture children placed with Kinship providers, with an active Kinship Care service type of Kinship Care - Non CHIPS. If one or more additional children with an active Kinship Care service type (i.e. CHPS) also reside with the Provider, they should be included in the report, along with their Kinship Care Service Type.</p> <p>The report should include provider name, provider address, provider phone number, names of children placed with the provider under Kinship Care – Non-CHIPS, or Kinship Care – CHIPS service types. It should list which kind of service type the child was placed under. The report should include the date the Private Provider was approved as a Kinship provider, or the date the Home Provider was screened into WiSACWIS.</p> <p>The report applies the County of the Worker with Primary Assignment to a Provider to determine the statistics to be included in the report: e.g. Provider records where a Dane County worker is identified as Primary Worker, will appear as Dane County statistics.</p> <p>The following criteria are used to identify the records to be recorded for a County:</p>

<ul style="list-style-type: none"> <li>• Use PROVIDER_ORG table, where P.ID_PRVD_ORG = ASSIGNMENT.ID_GRP_LVL1 and ASSIGNMENT.CD_ASGN_CTGRY = 2 and ASSIGNMENT.CD_ASGN_ROLE = 1, to identify the worker with Primary Assignment.</li> <li>• Match ASSIGNMENT.ID_PRSN to WORKER.ID_PRSN. Use the worker's CD_OFC_DIV to define County.</li> <li>• Draw the Provider statistics for the report, where WORKER.CD_OFC_DIV matches the report run County parameter.</li> </ul>
<p><b>Sort Criteria:</b> Sort alphabetically by County, by Providers' last names (within counties), and by the Childrens' last names (within each Provider record).</p>
<p><b>Level Breaks:</b> Page-breaks by County. Section-breaks by Provider.</p>
<p><b>Output Data:</b> Provider name; provider address; provider phone number; child name (include all children with a Kinship Care Service Type; Kinship Care service type (i.e. include if other than Kinship Care – Non-CHIPS service types)); date provider approved/ screened-in, or last reassessed. Title should be: Monthly Expiring Non-CHIPS Kinship Homes.</p>
<p><b>Audience:</b> Workers/Management involved in processing Kinship Care Home assessments.</p>
<p><b>Business Intent:</b> To provide detail on Kinship Care providers who are due to be Reassessed. The report captures reassessments due within 75 days of the report-run date i.e. over 290 days have passed since the last assessment or since the provider was approved/screened into WiSACWIS.</p>
<p><b>Proposed Layout:</b> Proposed layout attached.</p>

For: MM/YY

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